PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

09/635911

CLAIMS AS FILED - PART I

8/1/06

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	49 minus 83	*
INDEPENDENT CLAIMS	3 minus 3	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$50=	
X100=		OR	X200=	
+180=		OR	+360=	

42.   (Original) The method of claim 39 wherein the healthcare resource utilization is derived from only pharmacy claims.

43.   (Previously Presented) The method of claim 1 further comprising, prior to the computing step, calibrating the model by comparing a computed utilization score against healthcare resource utilization for a known target period, for only utilization due to chronic medical conditions.

44.   (Original) The method of claim 43 wherein the healthcare resource utilization is derived from both medical claims and pharmacy claims.

45.   (Original) The method of claim 43 wherein the healthcare resource utilization is derived from only medical claims.

46.   (Original) The method of claim 43 wherein the healthcare resource utilization is derived from only pharmacy claims.

47.   (Previously Presented) The method of claim 1 further comprising, prior to the computing step, the step of calibrating the model by comparing the calculated burden of illness score against healthcare resource utilization for a known target period.

Rule
126

84.   (Previously Presented) A method in a computer system for predicting use of healthcare resources by a plurality of plan members in a healthcare plan, comprising:
        for each of the plurality of plan members in the healthcare plan:
                collecting prior healthcare use claims data for the plan member;
                computing a utilization score using, at least in part, a multiple linear regression
                        equation, wherein the act of computing comprises computing a burden of
                        illness score; and
                using the utilization score to predict healthcare resource consumption by the plan
                        member.

85.

49. (Previously Presented) A method in a computer system for determining consumption of healthcare resources by a plurality of plan members in a healthcare plan during a base time period, comprising:

> for each of the plurality of plan members in the healthcare plan:
>
>> collecting prior healthcare use claims data for a plan member;
>>
>> calculating a burden of illness score for the member based on prior healthcare use claims; and
>>
>> computing a utilization score for the member based on the burden of illness score and at least one explanatory variable; and
>
> using the computed utilization scores to identify plan members to whom preventive measures are recommended in an effort to reduce consumption of healthcare resources.